



Safer Whanganui Community Needs Assessment 2017

KEY FINDINGS



This is a quick snapshot of key findings from the Safer Whanganui Community Needs Assessment, a research and consultation project conducted between August 2016 and May 2017. The purpose of the needs assessment was to:

- analyse and present the latest available Whanganui District injury and safety statistics
- consult with knowledgeable people in the Whanganui District to obtain advice on the district's significant harms, injuries and safety-related needs.

The needs assessment is intended as a resource for the entire community, to promote discussion and guide future development of injury prevention and community safety activities across the district.

More detailed reports and findings from the needs assessment are available from Safer Whanganui:

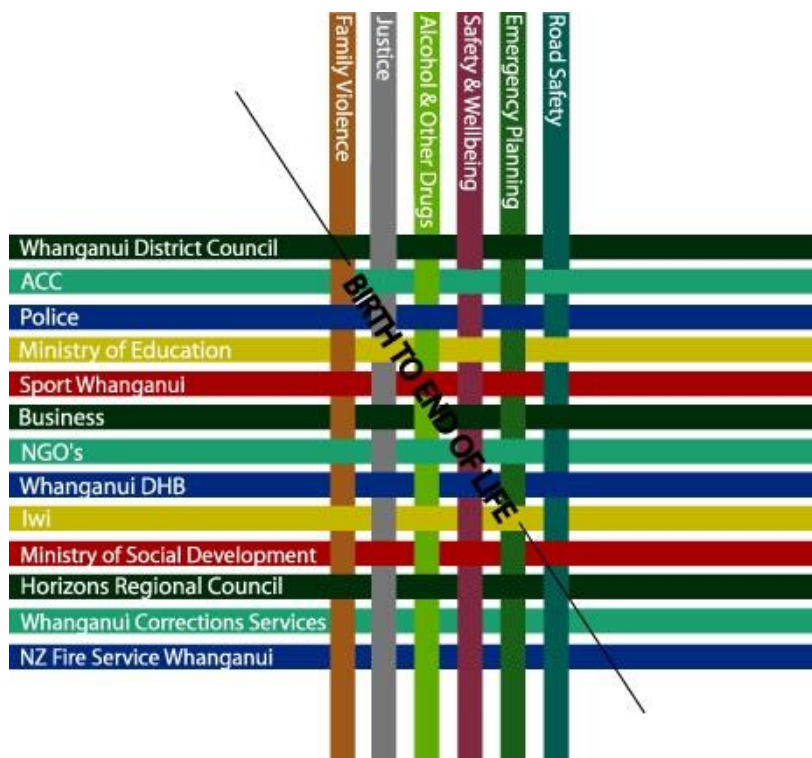
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ABOUT SAFER WHANGANUI

Safer Whanganui is a coalition of agencies and groups working together to promote community safety and reduce harm in the Whanganui District. In 2016, Safer Whanganui was formally re-accredited as a Safe Community within the Pan Pacific Safe Communities Network.



POPULATION 42,150

Whanganui District's Annual Injury Toll



25 DEATHS

1,580 HOSPITALISATIONS

**3,720 EMERGENCY
DEPARTMENT VISITS**

**21,900 ACC INSURANCE
CLAIMS including 4,100 active claims
for moderate or serious injury**

Sources of data: Statistics NZ, Ministry of Health, Whanganui District Health Board, ACC. Population is 2013 NZ Census usually-resident population. Deaths are the 10-year annual average 2004–2013. Hospitalisations are annual average inpatient and day patient admissions for the 5 years 2011–2015. Emergency department visits are injury presentations at Whanganui Hospital's emergency department. ACC statistics are for active claims in 2015 (new claims plus ongoing claims). Claims for moderate or serious injury are entitlement claims.

WHANGANUI DISTRICT'S ANNUAL INJURY TOLL

INJURY DEATHS 25 per year 6% of all deaths in the district

HIGHEST NUMBERS	TOP-RISK GROUPS	TOP CAUSES	RISK FACTORS	NZ COMPARISON
<ul style="list-style-type: none"> 75+ year-olds 25–44 year-olds 	<ul style="list-style-type: none"> Women 75+ Men 75+ Men 25–44 	<ul style="list-style-type: none"> Falls (27%) Intentional self-harm (25%) Transport accidents (22%) Assault (5%) Accidental poisoning (5%) 	<ul style="list-style-type: none"> Socioeconomic disadvantage Māori ethnicity 	<ul style="list-style-type: none"> 34% above NZ injury death rate

ROAD CRASH CASUALTIES 5 fatalities, 11 people seriously injured, 79 with minor injuries (2015)

HIGHEST CASUALTY NUMBERS*	TYPES OF ROAD USERS IN INJURY CRASHES^	TOP INJURY CRASH TIMES^	DRIVERS OFTEN AT FAULT/PARTLY AT FAULT^
<ul style="list-style-type: none"> 45–64 year-olds 25–44 year-olds 15–24 year-olds 	<ul style="list-style-type: none"> Car, SUV and van drivers & passengers (64%) Cyclists (12%) Motorcyclists (9%) Pedestrians (9%) 	<ul style="list-style-type: none"> 3.00pm-5.00pm Fridays, Wednesdays May, February 	<ul style="list-style-type: none"> Men 20–24 Men 15–19 Men 25–29

*Fatal or serious injuries ^Fatal, serious or minor injuries

INJURY HOSPITALISATIONS 1,580 per year 13% of Whanganui District public hospital admissions

HIGHEST NUMBERS	TOP RISK GROUPS	TOP CAUSES	RISK FACTORS	NZ COMPARISON
<ul style="list-style-type: none"> 45–64 year-olds 25–44 year-olds 	<ul style="list-style-type: none"> Women 85+ Men 85+ Women 75–84 Men 75–84 Men 15–24 	<ul style="list-style-type: none"> Falls (40%) Exposure to inanimate mechanical forces (14%) Transport accidents (11%) Intentional self-harm (6%) Over-exertion, travel & privation (5%) Assault (4%) 	<ul style="list-style-type: none"> Socioeconomic disadvantage 	<ul style="list-style-type: none"> 34% above NZ injury hospitalisation rate

HOSPITAL EMERGENCY DEPARTMENT VISITS 3,720 per year 23% of Whanganui Hospital ED visits

HIGHEST NUMBERS*	TOP RISK GROUPS*	TOP CAUSES*	PLACE OF INJURY*	RISK FACTORS*
<ul style="list-style-type: none"> 20–29 year-olds 80+ year-olds 	<ul style="list-style-type: none"> Women 80+ Men 80+ Men 15–19 Men 20–29 	<ul style="list-style-type: none"> Falls (33%) Inanimate forces (20%) Over-exertion (7%) Animate forces (6%) Transport accidents (6%) Self-harm (5%) Assault (4%) 	<ul style="list-style-type: none"> Home (44%) Recreation/sport (9%) Roads (8%) 	<ul style="list-style-type: none"> Urban resident Socioeconomic disadvantage

*Based on analysis of total injury events rather than visits

ACC INJURY INSURANCE CLAIMS 21,900 active claims per year (4,100 for moderate/serious injury)

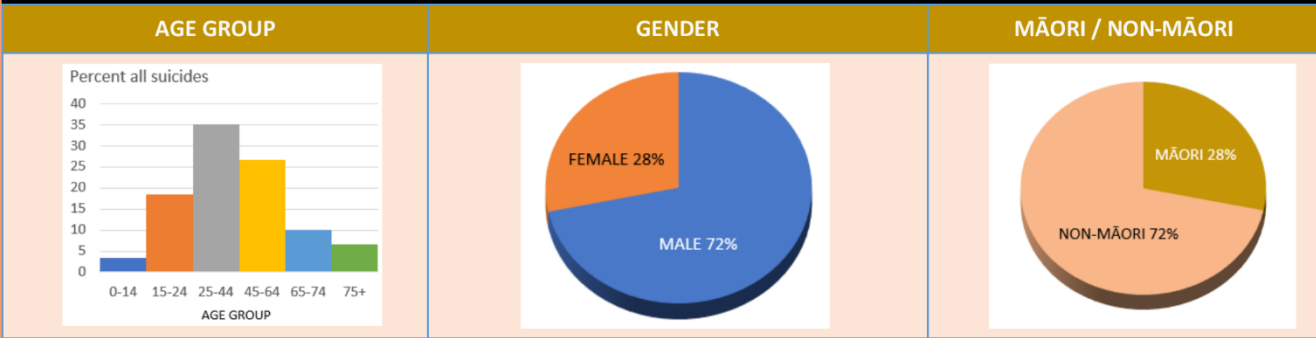
HIGHEST NUMBERS*	TOP RISK GROUPS*	TOP CAUSES*	PLACE OF INJURY*	TOP INJURY TYPES*
<ul style="list-style-type: none"> 0–14 year-olds 15–24 year-olds 	<ul style="list-style-type: none"> 15–24 year-olds 25–34 year-olds 75+ year-olds 	<ul style="list-style-type: none"> Loss balance/personal control (28%) Lifting/carrying/strain (10%) Struck by person/animal (10%) 	<ul style="list-style-type: none"> Home (59%) Recreation and sports places (14%) 	<ul style="list-style-type: none"> Soft tissue injury (57%) Laceration, puncture wound, sting (22%) Fracture/dislocation (7%)

*All new claims in 2015

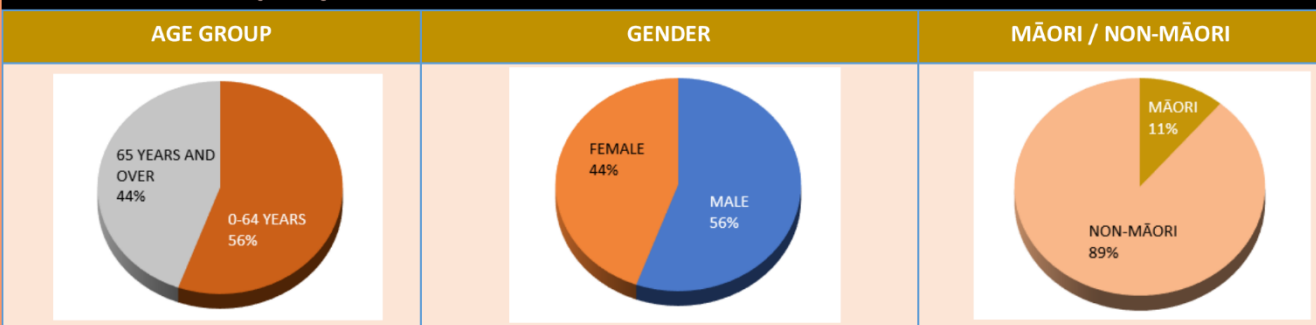
Sources of data: Ministry of Health, NZ Transport Agency, Whanganui District Health Board, ACC. Graphic and analysis by HealthSearch Ltd. Deaths are annual average for 2004–2013. Road crash casualties are for 2015. Hospitalisations are annual average admissions for 2011–2015. Emergency department visits are injury presentations by Whanganui District residents to Whanganui Hospital's emergency department in 2015. ACC statistics are for new claims in 2015, unless otherwise stated. Claims for moderate/serious injury are entitlement claims.

OTHER INDICATORS OF INJURY AND HARM

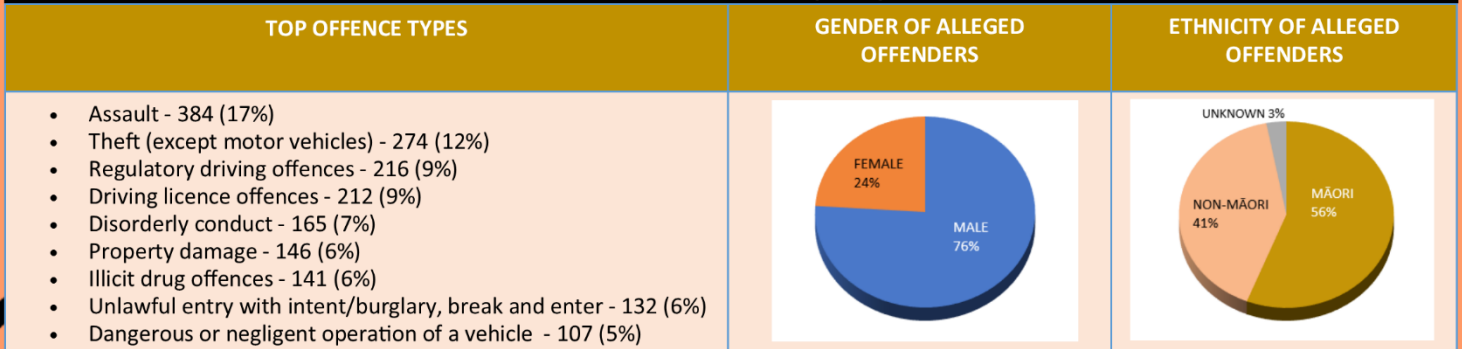
SUICIDES 7 per year (2007–16)



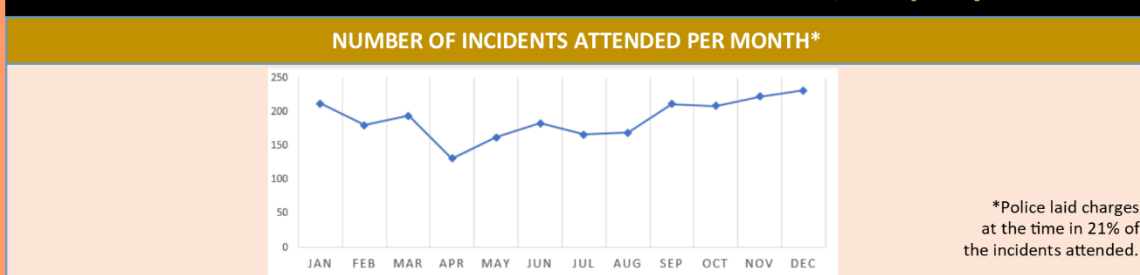
DROWNINGS 2 per year (2011–15)



CRIMINAL OFFENCES (POLICE PROCEEDINGS) 2,306 per year (2015/16)



FAMILY VIOLENCE INCIDENTS ATTENDED BY POLICE 2,269 per year (2016)



FIRE INCIDENTS RELATED TO HOUSES, OTHER BUILDINGS 97 per year (2015/16)

LOCATION	IMPACT OF FIRE
<ul style="list-style-type: none"> 91% urban 9% rural 	<ul style="list-style-type: none"> 52% caused property damage 1 fire fatality

POTENTIALLY HAZARDOUS ALCOHOL DRINKERS, ADULTS AGED 15+ (2011–14)

WHANGANUI (Whanganui District Health)	NEW ZEALAND
<ul style="list-style-type: none"> 27% of men 10% of women 33% of Māori 	<ul style="list-style-type: none"> 22% of men 10% of women 30% of Māori

Sources of data: Coronial Services, Water Safety NZ, NZ Police, Whanganui Family Violence Integrated Services Project, NZ Fire Service, Ministry of Health (NZ Health Surveys 2011–14). Suicides are annual average for the nine years July 2007–June 2016. Drownings are annual average for the five years January 2011–December 2015. Police proceedings are court actions, warnings and other actions for alleged criminal offences occurring within the boundaries of Whanganui District, July 2015 to June 2016. Family violence incidents are for the population covered by the Whanganui Family Violence Integrated Services Project, January–December 2016. Fire incidents are for incidents attended by appliances from the Whanganui Fire Station, July 2015–June 2016, where appliances from the station were the first arriving appliance. Hazardous drinking is defined as an established pattern of alcohol consumption that carries a risk of harming the drinker's physical or mental health, or having harmful social effects on the drinker or others.

MAIN CONSULTATION FINDINGS

The needs assessment asked a selection of Whanganui organisation and sector representatives to identify the most significant safety, harm and injury issues affecting people in the Whanganui District. Altogether, more than 30 hours of in-depth interviews and focus group discussions were conducted with 38 consultees working in health, justice, emergency or social services, local government, Māori and other organisations. Below is a quick summary of some of the key issues identified.

	Size of the problem in Whanganui District	Contributing influences and risk factors	Needs, gaps, suggested future interventions
FALLS BY OLDER PEOPLE	Falls are the leading cause of injury death and hospitalisation for older people in the district. (e.g. hip fractures).	Loss of bone density with ageing; physically hazardous homes and outdoor living environments; lack of exercise to maintain strength and flexibility.	Develop more opportunities for older people to access in-home falls risk assessments and exercise programmes; enable more agencies to directly refer older adults to falls prevention services; improve the safety of public footpaths used by older people.
ADOLESCENT MENTAL HEALTH	Consultees noted a big surge in the last 6–18 months in the number of young people seeking treatment for mental health problems, e.g. depression, anxiety, self-harm (e.g. cutting), and suicidal thoughts or threats.	Bullying; social media and 24/7 connectivity; lack of positive emotional bonding during infancy; delayed effects of exposure to family violence and other harms in childhood.	More specialist mental health services are required locally to cater for young people (especially age 13+); more programmes and strategies for LGBTI youth, to address issues around visibility and what it is to be a gay person; start mental health promotion as early as possible in childhood and teach children how to be resilient.
SUICIDE	Consultees working in mental health reported the first three months of 2017 had seen a major increase in suicide cases, many of them middle-aged males.	Traumatic or harmful family or social situations; socioeconomic deprivation; alcohol and other drug addiction issues.	Increase suicide prevention funding to a realistic level; improve patient data systems to better identify and follow-up at-risk people; develop neighbourhood-based models of service provision based around multi-disciplinary teams of mental health, health and social service providers.
HAZARDOUS ALCOHOL USE	Health surveys show 19% of people aged 15+ in the Whanganui [DHB] District aged 15+ are potentially hazardous drinkers - 3 percentage points higher than in NZ as a whole.	Socioeconomic deprivation; sub-cultures that celebrate drunkenness as desirable; young people's ease of access to cheap, sweet, spirits-based alcopops.	Use social media more effectively to communicate alcohol health promotion and safety messages to young people; develop new health promotion strategies celebrating the contribution of the sober driver to responsible drinking; improve access to alcohol treatment services in remote rural areas.
METHAMPHETAMINE/P	Consultees rated methamphetamine/P use as a growing problem in the district, especially among younger working age adults.	Increased availability and lower street price; socioeconomic deprivation; involvement in criminal and violent sub-cultures (e.g. gangs).	Do more local research to investigate the feasibility and effectiveness of establishing peer-led self-help groups for Methamphetamine/P relapse prevention.
FAMILY VIOLENCE	Almost all consultees identified family violence as a significant issue in the district. Some noted there was perhaps more encouragement in the district than elsewhere for people to report family violence.	Socioeconomic deprivation; traditional views about gender roles; violence promoting subcultures; number of released prisoners in population.	All families that are struggling must be able to access professional, skilled and effective community-based social services that can support and work with them on an ongoing basis to improve their lives. This includes helping them build their own networks of support. More recognition and resources for agencies that are successfully empowering and supporting abused women to turn their lives around.
ELDER ABUSE	Referral trends suggest the number of people in the district reporting elder abuse is steadily increasing. The district also appears to have higher reported numbers of elder abuse than many other NZ regions.	Ageing population; socioeconomic deprivation; more vulnerable, isolated older people living alone or in couples; adult children on low incomes sharing accommodation with ageing parents or grandparents.	Develop new initiatives to raise awareness and make people feel safe about coming forward to report elder abuse; more resources to employ elder abuse specialists.
WORK SAFETY	Common work-related harms include manual handling injuries (e.g. in factories); injuries from lifting patients (health and residential care); repetitive strain injuries; hearing loss; work-related stress.	Inattention; doing work tasks the easiest way instead of the safest way; lack of safety programmes in some workplaces.	More workplaces could have comprehensive/systematic safety programmes; deal with workplace stress and encourage a workplace culture of positive relationships.

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MAIN CONSULTATION FINDINGS (continued)

	Size of the problem in Whanganui District	Contributing influences and risk factors	Needs, gaps, suggested future interventions
FARM AND RURAL SAFETY	Fifteen percent of all new ACC work-related injury claims in the district came from agriculture, forestry and fishing.	Isolation, working alone; poor access to emergency services; farmers getting older and reactions slowing; doing unfamiliar or unusual tasks; poorly maintained farm vehicles; lack of respect for dangerous machinery; logging trucks on rural roads; financial pressures.	Encourage people living and working in remote rural areas of the district to obtain and use Personal Locator Beacons (PLB); explore strategies to reduce the negative impact of heavy logging trucks on local rural roads.
ROAD CRASHES	Annually there are about 5 road crash fatalities on the district's roads. Another 11 people are seriously injured.	Alcohol-impaired drivers; lack of night-time public transport options; relatively low use of safety restraints; lack of affordability of car seats; very narrow rural roads; poor design of some urban roads.	New initiatives to assist low-income families to buy or hire car seats; more information and support for older people contemplating giving up driving; improve the safety of the Heads Road roundabout.
FIRE-RELATED HARM	In the 12 months to 30 June 2016, appliances from the Whanganui Fire Station were the first arriving appliance at a total of 97 fires relating to structures (e.g. houses and other buildings). One structure fire (<1%) resulted in a fatality.	Ageing population; increasing numbers of vulnerable older people living alone; socioeconomic deprivation; faulty appliances (e.g. electric blankets); houses without suitable smoke alarms; reduced use of indoor open fireplaces.	Efforts need to continue to overcome complacency around fire safety risk, the 'it won't happen to me' ethic. Although there are now very few fatal fires in the district, keeping it that way requires ongoing public education and community action.
NATURAL DISASTERS	Consultees noted the district has a number of significant natural disaster risks, two of the most important being: flooding and slips resulting from major weather events, including flooding of Whanganui city by the Whanganui river; a major earthquake.	Human factors adding to risks during natural disasters include: increasing numbers of vulnerable older people living alone; people not being prepared, e.g. not keeping emergency food supplies; relying entirely on EFT-POS/ internet to pay for food.	More efforts to improve the community's disaster preparedness, especially in areas at proven risk.

Social Conditions Shaping the Risk of Harm

Consultees identified a range of broader social situations and conditions in the district that in their experience significantly shaped people's chances of being hurt, harmed or injured. The most common were:

Employment and labour market conditions: a lack of jobs for those wanting work; a proliferation of poorly paid and/or precarious jobs; people juggling multiple short-term, overlapping roles.

Financial pressures, deprivation and poverty.

Property market and housing conditions: including rising house prices and rents; a shortage of reasonably priced, good quality rental accommodation (consultees rated the quality of the district's housing stock as fairly low, especially in deprived areas).

An absence of 'place-based' connectedness, i.e. a lack of positive and supportive social interaction between neighbours and others living close by.

Socially-isolated older people.

Discrimination and intolerance: prejudices, stereotypes and stigmas that make it harder for people outside the mainstream to feel accepted and respected.

Increasing dominance of virtual-connectedness, where key human social interactions are often conducted via digital communication rather than in person, face-to-face.

Increasing busyness of people's lives.

Iwi/ Māori Perspectives

A focus group of Māori employed in a range of Whanganui health and social services advised that **suicide, motor-vehicle accidents and assaults** are significant harms experienced by the district's iwi/ Māori. Demand for refuge services by Māori women was also noted to be increasing lately, suggesting a surge in **family violence**.

Mental health harms, including those linked to **alcohol and other drug use,** were identified to be 'really growing.' Young men and women from about the age of 20 through to 30, especially those with jobs, were reported to be using alcohol very heavily, especially on weekends.

Methamphetamine/P was reported to be a lot more prevalent in the community. Previously its use had plateaued, but consultees said it was now increasing again.

Broader social factors and circumstances identified to be shaping the risk of iwi/ Māori getting injured or harmed included:

Socioeconomic conditions getting much tougher, especially in the last five years – 'there's a huge pressure cooker going down on particular whanau.'

Stress on school students: pressures to turn up at school every day, to pass exams, and to get high marks; uncertainties about what to do when they leave school (careers, jobs); tensions arounds friendship and romantic or sexual relationships; the impact of bullying.

Employment and financial demands on working age people (including family caregivers) contributing to: heavy use of alcohol and other drugs to relieve stress; accidents and injuries through tiredness and exhaustion; sports injuries through lack of time to get properly fit.

Lack of social contact and support for kaumātua, contributing to: loneliness, depression, anxiety; falls and other accidents, delays in treatment.

Rising rents and a shortage of satisfactory rental housing in the city, contributing to: whānau having to make do with unsafe, low-grade accommodation or precarious living arrangements ('couch surfing', bedrooms in garages); homelessness and the threat of homelessness.

Discrimination based on ethnicity and culture, racism, racial profiling, institutionalised racism, contributing to: disempowerment, exclusion, mental health harms. Many of these issues were recognised to have their origins in colonisation and to be inter-generational.

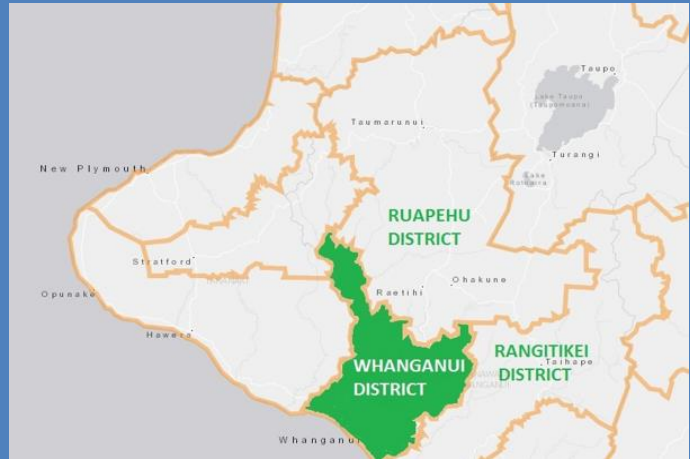
People of the Whanganui District

Population: 42,150 (2013 census)

- 8,517 children (aged 0–14)
- 5,067 young people (aged 15–24)
- 20,454 adults (aged 25–64)
- 8,112 older people (aged 65+).

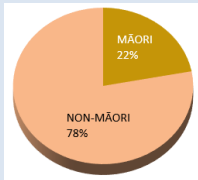
Whanganui District has more people aged 65+ than the national average (19% versus NZ's 14%). This 'ageing' of the district's population is set to continue. The district's population is also projected to decline slowly in the future, dropping to 40,200 by 2043.

Urban/Rural: 90% of residents live in Whanganui City, the district's largest urban centre.



Ethnicity and cultures

- 9,141 residents self-identify as Māori. This is 22% of the population, a higher proportion than in New Zealand generally (14%).
- Whanganui Māori are considerably younger than the rest of the district's population, with a median age of 25.
- 32,436 of the district's residents self-identify as European/ Pākehā. This is 77% of the population, higher than in New Zealand generally (70%).



Household composition

There were 17,310 households in the Whanganui District in 2013, including:

- 5,460 **one-person** households
- 4,359 **couple-only** households
- 3,510 **couple-with-children** households
- 2,397 **one-parent-family-with-children** households
- 225 **couple-only-with-other-person** households.

Compared to NZ, the district had:

- a higher rate of people living in one-person households (14%, NZ 9%)
- a lower rate of people living in couple-with-children-households (35%; NZ 43%)
- a higher rate of people living in one-parent-family-with-children households (17%, NZ 12%).

Employment and industry

At the 2013 census, 39% of Whanganui District people aged 15+ were employed full-time (compared to NZ's 46%). A further 14% were employed part-time (the same as NZ).

Women in the district were most likely to work in health care and social assistance (24%), education and training (13%), retail (12%), manufacturing (7%) and accommodation and food services (7%).

Men were most likely to work in five industries: manufacturing (21%), construction (12%), agriculture/ forestry/ fishing (9%), retail (9%) and public administration and safety (7%).

Socio-economic conditions

Compared to NZ generally (30%), more Whanganui people (64%) lived in socio-economically deprived neighbourhoods (NZ Dep 2013 areas 8–10, see map below).

Whanganui District area units by NZ Deprivation Index deciles (2013 census)

The map shows the area units of the Whanganui District and which NZDep2013 deciles the area units are in.

Of the 29 area units, the majority (18) are in the most deprived deciles (deciles 8–10), accounting for 64% of the district's population.

Note: There are no NZDep2013 decile 2 area units in Whanganui District.

